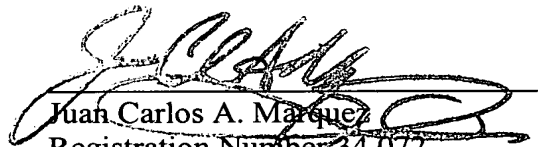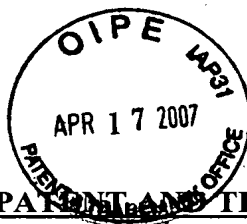[   ]   Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.

[x]   Checks in the amount of **$1,020.00** to cover the 3-month Extension of Time fee and **$790.00** to cover the RCE fee are enclosed.

[x]   The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

_____
Stanley P. Fisher
Registration Number 24,344

Juan Carlos A. Marquez
Registration Number 34,072

REED SMITH LLP
3110 Fairview Park Drive, Suite 1400
Falls Church, Virginia 22042
(703) 641-4200
April 17, 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of	)
	)
TAMAKI et al.	) Art Unit 2152
	)
Application Number: 09/897,929	) Examiner
	) Doan, Duyen My
Filed: July 5, 2001	)
	)
For: APPARATUS AND METHOD FOR DYNAMICALLY	)
ALLOCATING COMPUTER RESOURCES BASED ON	)
SERVICE CONTRACT WITH USER	)
	)
Attorney Docket No. ASAM.0011	)

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COVER LETTER

Sir:

[x]   The fee for submission of claims is calculated as shown below:

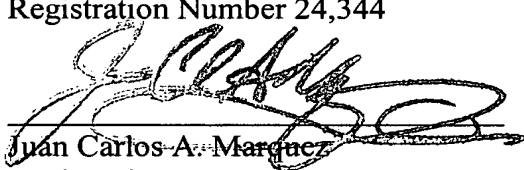| FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	2	1	(Over 20)	x $50	0
Independent Claims	1	1	(Over 3)	x $200	0
MULTIPLE DEPENDENT CLAIM(S)				+ $360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED				x ½	
				TOTAL	0

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

[x] Response/Preliminary Amendment   [x] Petition for 3-month Extension of Time
     (with Claim Amendments)   [   ] Information Disclosure Statement w/for 1449
[   ] Preliminary Amendment   [   ] Letter to Draftsperson
[   ] Substitute Specification   [   ] ___ sheet of drawings
[   ] Other _____   [x] Request for Continued Examination

[　] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.

[x] Checks in the amount of **$1,020.00** to cover the 3-month Extension of Time fee and **$790.00** to cover the RCE fee are enclosed.

[x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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